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## **APPLICATION FOR PROVISIONAL LICENSE**

**FEE: \$150.00**

### **THIS FORM APPLIES TO THE FOLLOWING APPLICANTS:**

1. APPLICANT DOES NOT HAVE A PRINCIPAL PLACE OF BUSINESS IN MISSOURI;
2. WHO DOES NOT HAVE A MISSOURI CPA CERTIFICATE
3. WHO HAS A VALID LICENSE TO PRACTICE PUBLIC ACCOUNTANCY FROM ANY STATE WHOSE LICENSING REQUIREMENTS ARE DETERMINED BY THE BOARD TO BE SUBSTANTIALLY EQUIVALENT TO THE MISSOURI ACCOUNTANCY ACT, OR
4. WHO HAS A VALID LICENSE TO PRACTICE PUBLIC ACCOUNTANCY FROM ANY STATE WHOSE INDIVIDUAL QUALIFICATIONS ARE SUBSTANTIALLY EQUIVALENT TO THE LICENSURE REQUIREMENTS OF SECTIONS 326.250 TO 326.331; AND
5. ALL QUESTIONS MUST BE ANSWERED, ALL REQUIRED DOCUMENTATION MUST BE ATTACHED, AND THE FEE MUST BE PAID BEFORE THE APPLICATION CAN BE PROCESSED.

**PLEASE NOTE: TO PROVIDE REVIEWS, COMPILATIONS AND ATTEST SERVICES, THE PROVISIONAL LICENSEE MUST DO SO THROUGH A FIRM REGISTERED IN THIS STATE.**

Name: \_\_\_\_\_

Last

First

Middle

Home Address: \_\_\_\_\_

Street

City

State

Zip

Business Name & Address: \_\_\_\_\_

Name

Street

City

State

Zip

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Have you ever been known by another name? If Yes, List ➤ \_\_\_\_\_

- A. CPA Certificate/License number \_\_\_\_\_ dated \_\_\_\_\_ from the State of \_\_\_\_\_ held by me and is under no disciplinary action by this Board. I hold a license and/or permit from this board for the period ending \_\_\_\_\_ which allows me the unrestricted privilege to use the CPA title and to practice public accountancy in this boards jurisdiction.
- B. Have you ever been found guilty, or entered a plea of guilty or nolo contendere, for any offense other than minor traffic violations in a criminal prosecution under the laws of any state or of the United States, whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence? If yes, please attach an additional sheet explaining the situation. ☐ Yes ☐ No

**Applicants Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_